

MODULE 5: EMERGENCY RISK COMMUNICATION

The “unknowns” of terrorism can be overwhelming. Limited facts about who, what, how, and why may create a swirl of rumors and misinformation that can increase confusion and anxiety. The public and the media will be looking desperately for answers—and one of the people they may turn to is a disaster mental health worker. It is vital that information and responses from disaster mental health workers are both appropriate and helpful.

In a non-emergency situation, a disaster mental health worker would have time to prepare, consult experts about what to say, and carefully choose one’s words. But, communicating during a crisis is different. It is akin to what gets said in an emergency room versus what gets said in a doctor’s office. The need is immediate, the impact is huge, and the pressure is high.

When terrorism happens, people want information—and they want it now. Some questions the public might ask include:

- What happened?
- How bad is it?
- Am I in danger?
- Is my family in danger?
- Who’s going to help?
- What do I do now?

It is likely that disaster mental health workers will not always have all the answers. But there are important steps to follow to ensure that communication (to media, community groups, and individuals) is appropriate and helpful.

After completing this module, the disaster mental health worker will be able to:

- Recognize the importance of referring the media to designated spokespersons
- Recognize the disaster mental health worker’s role in providing spokespersons with accurate and timely information
- Understand the key principles of emergency risk communication
- Build trust and credibility by communicating with the public
- Promote events and services effectively through a variety of channels
- Coordinate messages with appropriate agencies and organizations

The Role of the Spokesperson

During a crisis, spokespersons are a lifeline for getting the right message out the right way. City and county public information officers keep the public up to date on response efforts and public health recommendations. To do this, they assess information needs, provide information to the media, respond to media inquiries, address other requests for information, oversee media monitoring, and make sure emergency communication principles are followed.

It is recommended that all information be passed to and filtered through a spokesperson. If a disaster mental health worker is approached or contacted by the media, it is critical that he or she directs the media to the appropriate spokesperson.

Your spokesperson is a vital link to getting the mental health message out to the public and making sure that this information is part of the overall communication after a terrorist attack. Get to know your spokesperson. Make sure that he or she knows you and what your organization does. Provide your spokesperson with fact sheets, speaking points, and sample press releases. Help him or her understand how mental health fits into the response to and recovery from a terrorist attack, and why it is important to communicate this information to the media and the public.

Amie Ware
Public Information Officer
Community Resilience Project

Supporting the Spokesperson

Mental health workers play a key role in providing spokespersons with appropriate mental health information and materials, as well as contact numbers that the public can use to obtain more information. Disaster mental health workers can assist spokespersons in providing the media and the public with up to date information on mental health information and services by taking the steps below.

- Identify the spokesperson for the organization, community, or county prior to an event.
- Establish a relationship with this spokesperson so he or she will know who to contact for mental health information before, during, and after an event.
- Provide the spokesperson with mental health information and services that are available so he or she will better understand how it fits into the overall response and recovery after an event, and can incorporate this information into the messages provided to the media.
- Communicate regularly with the spokesperson during and after an event to provide appropriate and necessary updated mental health information to help people start or continue their recovery process and to get help in coping with their reactions.

I think we were very successful working with the local media. The media were very open with having us on different talk shows. One time, the radio announcer said, 'June, why don't you call me once a month and just tell me what's going on?' So I was like his friend that would call and say, "Oh this is June, and we're doing this and this with the project."

June Eddinger
Project Director, Loudoun County
Community Resilience Project

- Make sure that the spokesperson has telephone numbers and/or Web addresses to provide to the media and the public for more information or services.

Emergency Risk Communication

Although disaster mental health workers usually do not play the role of media spokesperson, they will communicate with the individuals and community groups that go directly to them for information and services. It is critical that interactions with the public reflect Emergency Risk Communication (ERC) principles, including coordinating with other sources about what will and will not be said, and speaking simply and honestly. This will help channel the public's distress and direct people to take appropriate actions that protect their health and well-being. It also ensures that anything said by disaster mental health workers will be consistent with what others in public positions are saying. The table below outlines some ERC basics.

Table 5–1. ERC Basics³⁴

What is ERC?	<p>The art of providing information during a crisis:</p> <ul style="list-style-type: none"> • That responds as quickly, accurately, and fully as possible • That educates individuals on the best possible choices they can make for their well-being • That communicates risks without creating panic • That acknowledges when facts are limited or unavailable • That enables resilience and recovery
Rules	<ul style="list-style-type: none"> • Realize that your goal is not to dictate what the public should do. Instead, give people information to keep them involved, interested, thoughtful, solution-oriented, and collaborative. • Listen to the audience. Find out what they know, what they are thinking, and how they are feeling. Provide information that addresses their concerns and uncertainties. • Earn trust and credibility—do not expect it. If you do not know or are unsure about something, say so. If you make a mistake, correct it. Be honest and open. • Coordinate with other sources. Take the time to build relationships and collaborate with other credible organizations. • Work with the media. Respect their formats and deadlines. Be open and accessible to them. Share background information and positive messages with them. • Leave “office-speak” at the office. Information that is shared with empathy and uses real-life stories captures an audience more than any jargon can. • Plan, deliver, and assess. Develop and communicate messages that meet the needs of the audience. Evaluate their impact and revise as appropriate.
What counts most	<ul style="list-style-type: none"> • Simplicity • Credibility • Verifiability • Consistency • Speed

³⁴ Centers for Disease Control and Prevention. (2003). Emergency Risk Communication (ERC) CDCynergy. Office of Communications, U.S. Department of Health and Human Services.

Perception of Risk³⁵

Another important consideration in emergency communication is the perception of risk. A wide body of research exists on issues surrounding risk communication, but the following considerations emphasize that some risks are more accepted than others.

- **Voluntary versus involuntary:** Voluntary risks are more readily accepted than imposed risks.
- **Personally controlled versus controlled by others:** Risks controlled by the individual or community are more readily accepted than risks outside the individual's or community's control.
- **Familiar versus exotic:** Familiar risks are more readily accepted than unfamiliar risks. Risks perceived as relatively unknown are believed to be greater than risks that are well understood.
- **Natural origin versus manmade:** Risks generated by nature are better tolerated than risks generated by man or institutions. Risks caused by human action are less well tolerated than risks generated by nature.
- **Reversible versus permanent:** Reversible risk is better tolerated than risk perceived to be irreversible.
- **Statistical versus anecdotal:** Statistical risks for populations are better tolerated than risks represented by individuals. An anecdote presented to a person or community, i.e., "one in a million," can be more damaging than a statistical risk of one in 10,000 presented as a number.
- **Endemic versus epidemic (catastrophic):** Illnesses, injuries, and deaths spread over time at a predictable rate are better tolerated than illnesses, injuries, and deaths grouped by time and location (e.g., U.S. car crash deaths versus airplane crashes).
- **Fairly distributed versus unfairly distributed:** Risks that do not single out a group, population, or individual are better tolerated than risks that are perceived to be targeted.
- **Generated by trusted institution versus mistrusted institution:** Risks generated by a trusted institution are better tolerated than risks that are generated by a mistrusted institution. Risks generated by a mistrusted institution will be perceived as greater than risks generated by a trusted institution.
- **Adults versus children:** Risks that affect adults are better tolerated than risks that affect children.
- **Understood benefit versus questionable benefit:** Risks with well-understood potential benefit and the reduction of well-understood harm are better tolerated than risks with little or no perceived benefit or reduction of harm.

³⁵ Ibid.

Communication That Promotes Recovery

When communicating with the public, it is important to have an idea of where peoples' heads and hearts are, as well as the effect that certain messages could have on them. Following disasters, for example, some people may fall into a state of despair, where they believe that any attempt at recovery is doomed to failure. If—on top of all they are feeling—they receive mixed messages about how to recover, their sense of hopelessness could worsen and they could start to make unhealthy decisions.

Interaction with the public can have a major bearing on reactions and recovery. While poor communication practices risk aggravating negative feelings and increasing confusion, effective communication leads to appropriate behaviors that promote health and well-being. Module 3 provides more details on the interventions and services that can be offered to the public.

After a terrorist attack, it is critical for officials to acknowledge that people may be feeling scared, sad, or angry, or that they may be having trouble sleeping, don't want to leave home, or are having stomach problems. In our communication efforts, we provided information to help people recognize potential reactions and understand that most of these reactions are normal and to be expected, and we offered suggestions about how to cope with them.

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***What effective communication practices promote recovery?*³⁶**

- Verifying and clarifying facts
- Displaying honesty and openness about what is not known or cannot be shared
- Expressing that a process is in place to get answers
- Displaying competence and expertise, without overstepping boundaries
- Expressing empathy
- Not over-reassuring
- Acknowledging uncertainty, fear, and other normal reactions
- Voicing commitment and dedication
- Considering the “what if” questions (i.e., worst case scenarios)
- Making referrals to appropriate spokespersons

³⁶ Ibid.

What poor communication practices negatively impact recovery?³⁷

- Giving mixed messages from different experts
- Making unrealistic recommendations to the public
- Leaving rumors and cynics uncorrected and unchallenged
- Releasing information so late it is irrelevant
- Giving messages that are overly reassuring
- Showing public signs of power struggles and confusion within a responding organization or with other groups
- Using spokespersons who are uncompassionate, engage in inappropriate behavior, or exhibit improper humor

Being Trustworthy and Credible

Despite best efforts to communicate effectively with survivors, messages may not be accepted immediately. The public will look not only at what they are being told, but also at who is doing the telling and how. Disaster mental health workers must present themselves as trustworthy and credible sources.

To build trustworthiness, follow the guidelines below.

- Show caring. Display empathy by validating fears and suffering.
- Be honest about information that either is not known or cannot be shared.
- Avoid professional jargon. Give information clearly and concisely.
- Stay committed. Disaster mental health workers are in the community to help respond to the disaster. Work to meet that goal—even when the community has stabilized after the initial impact and the media has left.

To build credibility, the disaster mental health worker will want to take the steps below.

- Have an early presence. Establish a relationship with the audiences in the community before a crisis situation.
- Identify a third party, preferably a member of the audience in the community, who can vouch for you.
- Be speedy with a response—a slow one could indicate that a person or organization is not prepared. Deliver a message while it is still relevant.

³⁷ Ibid.

- Use indicators of expertise such as titles, educational background, and professional experience.
- Collaborate with other credible sources to make sure consistent and accurate information is delivered.
- Get the facts right, keep them up to date, and deliver them over and over again. Consistency is key.

Communicating During Different Phases of Terrorism

Effective ERC also follows the phases of terrorism. The information needs of the public and the media during the initial impact of an event will be different than when people have had time to process what happened and crisis counseling programs are in place. The table below describes the naturally progressing ERC cycle and shows how one can communicate effectively during every phase of an event.

Table 5–2. ERC Lifecycle³⁸

Precrisis— To plan and prepare	<ul style="list-style-type: none"> • Anticipate questions and answers. • Draft fact sheets about your organization, common reactions to terrorism, and effective coping strategies, and other materials for the media, such as press releases, with blanks to fill in later. • Identify spokespersons and communication response resources. • Refine and train on communication plans. • Build relationships with experts and other response organizations.
Initial Phase— When terrorism happens	<ul style="list-style-type: none"> • Realize that there is intense media interest and widespread confusion. • Show empathy and compassion. • Put your spokesperson out front to show that your organization is facing issues head-on in a reasonable, caring, and timely manner. • Establish your organization as a credible resource and a place to go for help. • Inform the public about what people can do for their safety and well-being. • Let the public know that you are committed to keeping people informed.
Maintenance— While continuing to assess the event	<ul style="list-style-type: none"> • Stay informed about rumors, conflicting facts, and misinformation that may be circulating. Address them and help the public more accurately understand the situation. • Share background information about the event as appropriate. • Promote your response efforts positively and enthusiastically to gain understanding and support for them. • Provide information about common reactions and effective coping strategies. • Explain recommendations that are made to the public about the safety and well-being of individuals and the community. • Provide explanations that will enable decision-making.

³⁸ Ibid.

Resolution— As the crisis is resolved	<ul style="list-style-type: none">• Realize that there is decreased public/media interest and increased understanding about the event and where to go for help.• Reinforce public health messages.• Continue to promote your services.• Examine mishaps and learn from them. Continue to focus on what works.
Evaluation— When the event is over	<ul style="list-style-type: none">• Evaluate your communication activities. Glean from lessons learned and adapt your approach accordingly.• Document what worked and what did not work, as well as specific ways to improve your communication plan.

Promoting Community Services and Events

The media can be important allies in promoting disaster mental health services and events to the community. Without them, it can be difficult to communicate messages. Acknowledging the media's role in providing and sharing information with the public, and working to keep a cooperative relationship with them, is important. This can be accomplished by referring the media to the appropriate spokespersons, and following journalistic guidelines, such as those discussed below, when providing information about disaster mental health services and events.

In particular, when the demand for information is high, it is helpful to have a media kit on hand that can be readily accessed and dispersed. Fact sheets and press releases included in the kit give the media quick facts about the mental health service organization's history and mission, as well as information about common reactions to terrorism, effective coping strategies, what services and information are available, and how people can get more information by calling or visiting a Web site. This will reduce the margin for error. It is information that has been prepared and written down, so there is no mistaking the message.

Some essentials for a kit are:

- Press releases that answer the who, what, when, where, why (5 Ws), and how of the disaster mental health services available, including details about services and information, and how to get more information, such as Web addresses and toll-free numbers
- Backgrounders/fact sheets that give additional information, including common reactions to disasters, coping strategies, signs and symptoms of stress reactions, etc.
- Live announcer scripts for radio and television

When putting these together in advance, disaster mental health workers may consider using a “Swiss cheese” format that leaves holes where there is information that can be filled in only during or after a disaster, or that changes frequently. The blanks can be filled in when the document is actually going to be used. It is also important that kit materials follow basic journalism principles: for example, providing a contact person and phone number, e-mail address, and other ways of reaching the person at the top of the page; using a headline to describe the purpose of the document; double spacing the contents so the media can easily edit it; and including the 5 Ws in the first paragraph. Above all, the language should be simple, avoiding the use of professional jargon and technical or overly academic language as much as possible. The table below provides further guidance.

Have press releases and fact sheets ready to go so that, in the event of another attack, you can quickly fill in the most recent information and distribute them to the media right away. One of the things I have learned working with the Community Resilience Project is that there is very little time after an event to pull these things together. If you don't have information ready, you could miss your opportunity to be the “expert” and communicate your message. If you're not ready, the media will find another source for information that may be inappropriate or inaccurate, and it may be harder to establish yourself and your organization as a trusted and reliable source of information. So, be ready to respond the same day.

Amie Ware
Public Information Officer
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Table 5–3. ERC Media Kit Guidelines

Media	Task
Press Releases	<ul style="list-style-type: none"> • Limit to one to two pages. • Include your organization's name, address, telephone number, Web site address (if applicable), and contact name. • Give the media contact information for someone they can reach 24 hours a day. • Put an “OK” next to names that have unusual spellings in the opening section of the press release as well as in the body. This lets the media know those names have not been misspelled. • For a name that has an unusual pronunciation, include the phonetic pronunciation next to it. • If there is a toll-free number for the media to call for information, interviews, etc., give it to the media and stress that it is for them, not for the public. • Put “for immediate release” directly under your contact information. • Include the date or the date and time if you issue more than one release per day.

Media	Task
	<ul style="list-style-type: none"> • Include a headline, written in active voice, that summarizes the contents of your press release. Use a headline only once. • Write in the inverted pyramid style, giving the most important information first. • If a new information telephone line or Web site address is being introduced, present it early in the press release. • Use language that is easy to understand. Explain scientific or technical terms if necessary. • Eliminate all adjectives and emotional words. A good press release gives straight news. • End simply. Press releases do not have strong ending paragraphs. • Double-check facts. • Make sure the information does not violate anyone's privacy. • Get approval from the appropriate communication officer in your organization before issuing the press release. • If a mistake is noticed after sending out the press release, make every effort to reach everyone who has it and give him or her the right information. If it is too late, do the same and apologize. <p>For some examples of press releases and a press statement template, see Appendix B.</p>
Fact Sheets/ Backgrounders	<ul style="list-style-type: none"> • Attach to press releases. • Can be more than one page. • Write fact sheets in a bulleted format. Use paragraphs for backgrounders. • Include information that is not expected to change. Press releases are the place for updates. • Backgrounders give historical information as well as more in-depth explanations of material in fact sheets. Both should go from broad to specific details. • Define scientific and technical terms. • Fact sheets and backgrounders make good material for media Web sites. Make sure they are error-free before releasing. • Do not include quotes from officials or experts. • Get approval from the appropriate communication officer in your organization before issuing.
Live Announcer Scripts	<ul style="list-style-type: none"> • Attach to press releases. • Use to provide toll-free numbers or other numbers for the public to call, Web site addresses, or to promote specific services. • Provide :10-, :15-, and :30-second scripts for radio "filler" time to be either read live or taped by radio personnel. • Get approval from the appropriate communication officer of your organization before issuing.

Other do's and do not's for keeping a cooperative relationship with the media include:

Do

- Refer them to your organization's spokesperson.
- Make yourself available to them if approved by your organization.
- Realize that they decide what goes in their broadcast or publication and what they tell their audience.
- Make suggestions for the most important points to cover in the story or suggestions for other people to interview.
- Make points clear, concise, and consistent.
- Acknowledge when you do not have enough information or are unclear about something.

Do not

- Ignore them.
- Give them any information without the approval of the appropriate communication officer.
- Spoon-feed them stories or headlines.
- Dictate what you think they should put in their broadcast or publication.
- Expect that what you think is news will always be considered news by the media.

Other Methods for Getting the Word Out

The media is not the only option for promoting an event or organization. Other ways to reach mass audiences include the following “tried and true” channels:

- Telephone hotlines
- Fax and broadcast preprogrammed fax
- E-mail and listservs
- Mass mailings and mailing lists
- Partners and other response teams
- In-person communication in supportive environments (e.g., churches, clinics)
- Web sites and links to your Web sites
- Paid advertising
- Public Service Announcements (PSAs)
- Brochures, flyers, and posters to display in stores, doctors’ offices, and restaurants
- Community newsletters

We’ve created brochures in different languages. We’ve conducted outreach on Vietnamese radio and Hispanic radio, for example, because that was a better medium... We’ve had to be innovative... We were very fortunate to have these community-based organizations to work with. If we had not, it would have been a very slow, arduous start of the services that would have taken place much later.

Bill Scarpetti, Ph.D.
Clinical Director, Fairfax
Community Resilience Project

Nontraditional methods of communication are helpful as well. These include brainstorming with colleagues and seeing what ideas develop—the possibilities are endless. Message placement opportunities include:

- Pizza boxes
- Subway stations
- Veterinary offices
- Hair and nail salons
- Diner placemats and coasters at bars where first responders gather
- Stress balls
- Emery boards
- Updateable message boards, such as those in front of gas stations and fire departments

One of our outreach workers went to a pizza establishment in the area to promote the program and learned that the establishment occasionally puts flyers on top of their pizza boxes. They offered to do that for us, announcing and promoting our program. So we did it twice. The first time, about 10,000 people got this information into their homes. The second time we did it, about 9 months later, we not only promoted our program but also promoted stress management coping guidelines.

June Eddinger
Project Director, Loudoun County
Community Resilience Project

Maximizing the Effectiveness of Web Sites

The Internet is increasingly becoming one of the most important communication channels for reaching the public. Provide Web site visitors with organizational contact information, the kinds of services that are available and how to access them, explanations about common reactions and effective coping strategies, and stress relief tips. Also consider tailoring information for various audiences, including adults, children, parents, teachers, first responders, mental health workers, and the media. Be sure that information on the Web site is kept up to date.

Including Web address information on all press materials, brochures, flyers, newsletters, and other materials created for the public is essential. To help ensure that people know about the Web site, consider issuing a press release that describes who the site is for and the information that is available on the site.

Languages and Literacy Issues

When disaster mental health workers are choosing the types of communication to use, it is critical for them to be aware of issues that could impact how the message gets communicated and which channels will be the most effective and appropriate to reach specific audiences. Audiences that speak a different language or have low literacy skills pose potential barriers that must be addressed so they can be reached effectively. Module 4 provides an overview of how to identify issues among different populations.

Summary

During a crisis, the media and the public want information frequently and urgently. Disaster mental health workers need to know who the spokespersons are for their agency/organization; must provide mental health information to them before, during, and after an event; and should refer all media inquiries to them. Acknowledging the media's role in providing and sharing information with the public, and working to keep a cooperative relationship with the media is also very important. When communicating with individuals and the community, disaster mental health workers should be aware of the ERC principles, which include coordinating with others to determine what will and will not be said, and speaking simply and honestly. When promoting services and events, disaster mental health workers cannot only tap their relationships with local media, but must also look for non-media communication opportunities, such as telephone hotlines, Web sites, or posters where community members congregate.

Additional Resources

Centers for Disease Control and Prevention. (2003). Emergency risk communication (ERC) CDCynergy. Office of Communications, U.S. Department of Health and Human Services. (To order a copy, contact Judith E. Courtney at 404-639-7825.)

The Peter Sandman risk communication Web site, <http://www.psandman.com/>.